PERSONALIS, 1990 Sacha Fig. 1910 Vieta Circl JADIOS AV 5 5 . O.K. ZECT . DESCRIPTION Sinel Fireral Live . Galdieres MG.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20. DATE OF DEATH MONTH 7h HOUR February 27, 1984 12:50 pm A AGE (IN YEARS LAST BIRTHDAY) 9. BALTIMORE CITY OR COUNTY OF DEATH Cecil County 12a USUAL OCCUPATION 176. KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Biochemist VetransAdmin. 13e.STREET ADDRESS / ZIP CODE 8009 York Road 21204 8009 York Road 21204 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2) COUNTY CITY OR TOWN STATE February and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED STAFF 2-27-84 DIRECTOR PHYSICIAN VA Medical Center, Perry Point, Md. Dulaney Valley dockevsvilleBaltimoreMaryland 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURED Mitchell - Wiedefeld Funeral Home, Towson, Md

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

- STATE

REGISTRAR

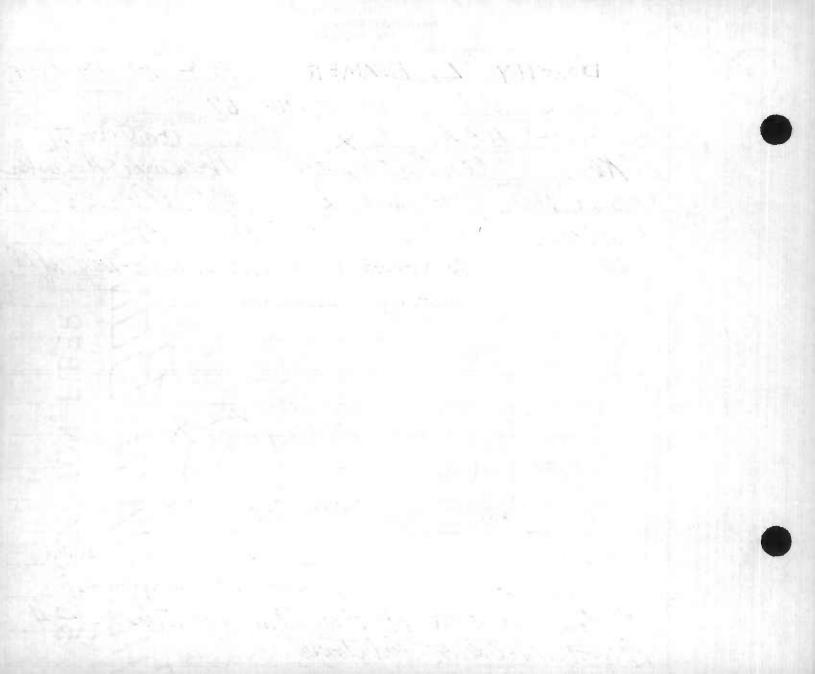
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- 1		FOR	DEPARTMEN	STATE OF MARYLAND T OF HEALTH AND MENTAL HYG	IENE () 4	7 0 0	
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mna		Conditions, if any, which	(b)				
er tr		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE	E OF			
£		underlying cause last	(c)				
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9	1.	FOR STATE REGISTRAR	DEPARTME	NT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 4 /	U
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STATE OF MARYLAND



FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2h HOUR

IF UNDER LYFAR AONTHS DAYS

BALTIMORE CITY OR COUNTY OF DEATH

12h KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE)

astern Ave.

Bialek

IN CERTIFYING CAUSES OF DEATH?

YES [

COUNTY

22c. DATE SIGNED

STATE

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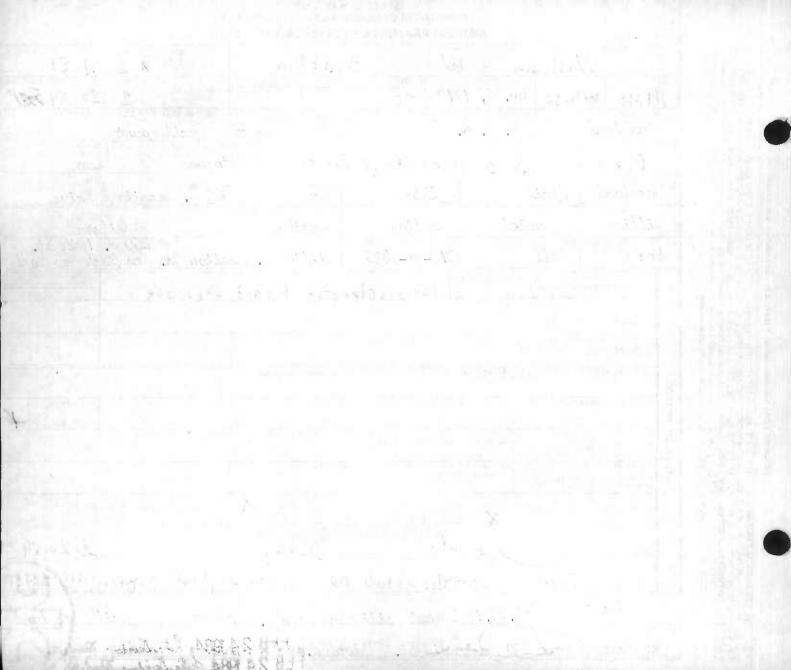
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DHMH - 16 50M 4/83 (VRA 15, 4)

John Weber & Sons Inc. 4009855. Chester St.

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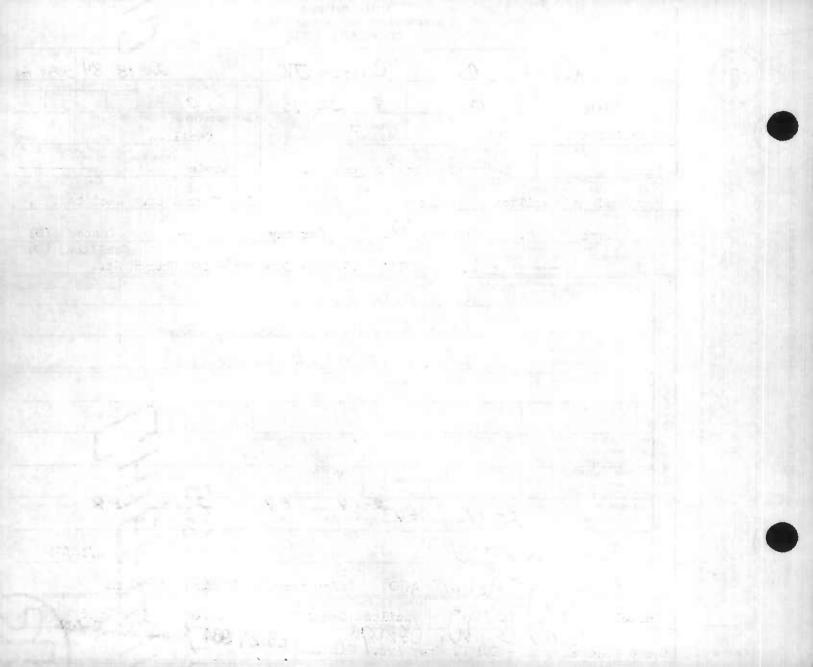
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TO MEDICAL EXECUTE THE PAGE 4 SHO TO FUNERAL AFITE DEATH		EXAMINER'S NAME JUSE (TYPE OR PRINT)	2 C Go	uzalez Vita	sh m	DORESS Unic	on Hospital	Elkton M	1) 21921
BP	(:	URIAL, CREMATION, REMOVAL PECIFY) Burial	77 4	230 NAME OF CE 1984 West No	1	am Presby	23d. LOCATION CITY OR JOWN (OLONA)	Cecil A	anyland
DHMH - 17 (VR A15 ME (5)) 20M 4/82	1	ee Funeral Ho	£ 259 E	thin St.	Elkton	Md. FEE	REC'D. BY REGISTRAR 1256 RE	Davidson-Ran	delle



FOR - STATE

(VRA 15, 4)

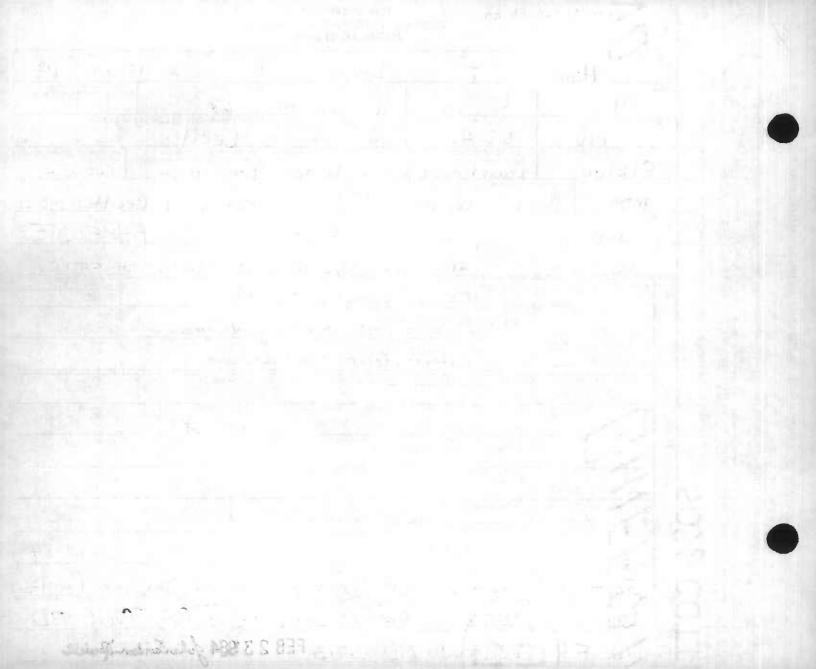
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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70	-	Charles	L.		Colvin	15 MOTHER'S MAIDE FIRST Peggy	S.		Wallace
DIVISION		VAS DECEASED EVER IN (IF NO) (IF NO)	YES, GIVE WAR OR DATES)		b. SOCIAL SECURITY NO. 214-98-1837	Mr. Charl	es L. Colvin,		, Md • 21921
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PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEE TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALT BALTIMORE, MARYLAND, 2) 201 PRIOR TO BURIAL, CRE			Natural causes	7	ed above, held an Aut cident , Suicide (opsy , Inspection, Hamicide ,	Inquiry , our Undetermined manner	DATE SIGNED.	2-7-84
XECUTE TAGE 4 SI	22 0			Gonz	alez-Vitale		n Hospital,	Elkto.	n, m) 21921
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	1-	FOR STATE REGISTRAR	-84 cn DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	0 6
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	3 SE	M	C WHITE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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omplete the with			MED FORCES? 1166 SOCIAL SECTION	SANNA	ADDRESS	PHRENDIE
e be exection and cers. Pages if.		YES NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES) 213 - C	1-118 Joyce Boul	DEN -SAME-	DAUGHTER_ APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
quires that the death certificate signed by the attending physic hen please remove carbon pape to burial, cremation, or removal ijury, or other traumotic event, the signs of the content	Z	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.		9,	g disease	GIVEN IN PART Tro
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HOSPITAL OR ATTENDING and by the hospital or or the FUNERAL DIRECTOR. After blud be detached for use as the State Dept. of Health ORTANT. If them 21 is more		saw the deceased alive an	t) view the bady after death.	DEGREE	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 2 - 20 - 84
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DHMH - 16 50M 4/82		UNERAL DIRECTOR	ADDRESS.		TE REC'D. 8Y REGISTRAR 256, REGI	STRAR'S SIGNATURE



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCIENE

I DE	CEASED NAME	FIRST		MIDDLE	· ·	AST	2a DATE OF DEAT	H MONTH	DAY YEAR	2b HOUR
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13a S	STATE Maryland	13b COUP	NTY	13c. CITY OR TOW Elkton		13d. INSIDE CITY LIMITS?	13e. STREET ADDRI 122 Goos		Court	21921
14 FA	ATHER'S NAME FIRST Hiram		WIDDLE	Fields	S	IS. MOTHER'S MAIDEN NA FIRST Nora	ME MIDE	LE	Jo	nes
	WAS DECEASED E		MED FORCES		IRITY NO.	17. INFORMANT	Al	DRESS		
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ICATION	gave rise ta couse (a), st underlying co	immediate toting the buse last	(c)_ CONDITIONS	0	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR C	20b. IF Y	ES, WERE FINDI	NGS USED
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DHMH - 16 50M 1/B1 (VRA 15, 4)

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TO FUNERAL DIRECTOR. After this certificate from been signed by the attending should be detected for use as the burish-transit permit. Then please remove carbon with the State Dept. of Health and Mental Hygene prior to burial, premption, as in

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Felice July (n. 1925 58.)

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227-24-0100 Mrs. Lutty J. Fields, Eliton, Ld. 21021

Joseph G. Laugl, M. J. Will Dridge treet, Milden, Md. 21928

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME 2a. DATE KNOWN X MONTH 25 HOUR (TYPE OR PRINT) David DEATH MATED 6. AGE (IN YEARS | IF UNDER 1 YR. 24 HOUR SEX 4 RACE 5. DATE OF BIRTH **TEUNDER 24 HRS** DATE LAST BIRTHDAY PRONOUNCED 1918 June DEAD 7a BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) U.S.A. WIDOWED [DIVORCED 12a USUAL OCCUPATION (TYPE OF WORK ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS Sec. Police Govt UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY HIMITS? 13e. STREET ADDRESS Cecil Md. North East Wells YES . NO TY 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE William Hawley Mattie Smith 7. INFORMANT 166 SOCIAL SECURITY NO. WEDRESS Camp Rd. Hawley (YES, NO OR UNKNOWN) 216-01-7798 North East. Md. 21901 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (#) 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES . NO X 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME. 21f LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE WHILE AT WORK COUNTY EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: Py AFIER-DEATH, WITH THE STATIONORE, MARYLAND, S 22a I certify that I taak charge of the remains described above, held on Autopsy Inspection and in my apinion death resulted fram Natural causes Accident Suicide Hamicide Undetermined manner TITLE (SPECIF ACTUAL DATE SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME TURN Gonzalez-V 230 BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION SPECIFY Burial North East Meth. North East Cecil 250. DATE REC'D BY REG DHMH - 17 (VR A15 ME (5)) 20M 4/82

STATE OF MARYLAND

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DIVISION OF VITAL RECORDS.

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cate be execut ysicion and co apers. Pages I wal.	medical		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) JIF YES, G	ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT GIVE WAR OR DATES) 222-03-3911 Mrs. Mild	red E. Tewell (hesapeake lity Md
ow requires that the death ce been signed by the attending rmit. Then please remove corb prior to burial, cremation, or r	y injury, ar ather traumatic	TION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE OF (b) COMMENTED TO BEATH BUT NOT RELATED TO THE	E TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 200 AUTOPSY? 7206. IF YES, WERE FINDINGS USED
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ATTENDING spital or o CTOR: After d for use os	m 21 is marked		AT WORK AT WORK	printly attended the deceased from 20, 19_00, 19_00, ond that in my (our) of the body after death.	pinion death occurred on the date and hour and from the causes stated
PITAL by th ERAL e deto Stote	MPORTANT: If he		724. PHYSICIAN'S NAME (TYPE	ATTEND PHYSIC 220. ADDRESS	IAN DIRECTOR PHYSICIAN J
TO HOSP retained I TO FUNE should be	IMP	23a	BURIAL, CREMATION, REMOVA	Feb. 28, 1984 (ratin & Ferris	rst Main Street Elkton Maryland TORY 23d LOCATION (re. West Chester" (hester Pa.
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			STATE OF MARYLAND		
5/1	FOR STATE REGISTRAR	DEPAI	RETAIL OF HEALTH AND MENTAL HYPER CERTIFICATE OF DEATH	GIENE () A A A	1 2
	CEASED NAME PIRST	ell C.	Kercher		14/84 200
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164	ATHER'S NAME FIRST FIRST	MIDDLE RERCHE	15. MOTHER'S MAIDEN NA	MIDDLE	BAILEY
160	WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	CURITY NO. 17. INFORMANT	ADDRESS 214 2 K	EXCHER CIT
	PART I. DEATH WAS CAUSE	nly one couse per line for (o), (b) ED BY: ITE CAUSE (o)		LURC	APPROXIMATE INTERVA BETWEEN ONSET AND DE
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	sow the deceased alive of	oitol) ottended the deceased from 19 ott view the body after death.	n	deoth occurred on the date	
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1	Gogish PHYSICIAN'S DAME (IVPE	A. PAte	MD 220 ADDRESS	ARCDE!	
23a	BURIAL CREMATION, REMOVAL	236. DATE 2 - 18 - 84 2	NAME OF CEMETERY OF CREMATORY	A Library and Library	rowy prat
2 719	UNERAL DIRECTOR OF THE	topased CHADORES	SAPOHAE CITATEDA	2 1 1984 Julia	Davidson-Kandell

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Page 1	1	WAS DECEASED EVER IN U.: YES, NO OR UNKNOWN] {IF Y	S. ARMED FORCES ES, GIVE WAR OR DATES		SECURITY NO. 0-7496	Ruth E. Hugh	es San	ne	PROXIMATE INTERVI ZEN ONSET AND DE
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ATTENDRA Signal or ECTOR. A difor use r, of Health m.21 is mo		22a.l certify that (1) (this saw the deceased oli abave, (1) (we) (did) (c	haspital) attended ve an lid nat) view the bo	the deceased to 2. 2.2 ady after death.		nd that in (my) (aur) apiniar	, ta, ta		
TALOR By the hy RALDIRE Hate Dep		226. SIGNATURE Successor 226. PHYSICIAN'S NAME		S. Sac	hda	ATTENDING PHYSICIAN 1220 ADDRESS	MEDICAL STAF		23.84
O HOSPIT TO FUNES Thould be with the Sh MAPORTAN		SHEELMOHA	N S.	SACHO		204 Bow S	T, ELKTON	1 Md 219	21.
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DHMH - 16 50M 4/B2 (VRA 15, 4)		NAME NAME VELLEAGE	T. Haru	ricks ADD	News	ark, Dela.	B 2 7 1984	ZSB-REGISTRAR'S SIG	NATURE

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homas R. Waller 12 Lotus ST Dover Del

(VRA 15, 4)

STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE OF DEATH MONTH 7h. HOUR LIYPE OR PRINTS BERNARD LIVINGSTONE February 12. AGE (IN YEARS LAST BIRTHDAY) 3 SEX 4 RACE DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS MONTH Male White Nov. 1906 vrs. 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Ohio Cecil County WIDOWED DIVORCED [12b. KIND OF BUSINESS OR IN CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION INDUSTRY oliticalWriter Perry Point. VA Medical Center HALOC. 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE District of YES XX 4201 Massachusetts Washington DO Ave .. 15 MOTHER'S MAIDEN NAME 353 MIDDLE Desta Livingstone Lunn 160 WAS DECEASED EVER IN U.S. ARMED FORCES? IST SOCIAL SECURITY NO. 17 INFORMANT (IF YES, GIVE WAR OR DATES) 2/43 - 1/46 V.A.M.C., Perry Point, Maryland 092-03-5194 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) CEREBRO VASCULAR ACCIDENT DUE TO, OR AS A CONSEQUENCE OF ARTERIOSCLEROSIS THEMORR! LAGE AND/OR THROMBOSIS Conditions, if ony, which gove rise to immediate DUE TO, OR AS A CONSEQUENCE OF HYPERTENSION couse (a), stoting the underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS LISED 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO [NOV 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM III PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTHY MEDICAL EXAMINER) 21e PLACE OF INJURY 71d INJURY OCCURRED 211 LOCATION CITY OF TOWN COUNTY STATE (AT HOME STREET, FACTORY OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from December 10 February sow the deceased alive on February 12 obove, Ne (we) (did) (Midrot) view the body offer death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN [February 12 724 PHYSICIAN'S NAME (TYPE OF HOUSE) 22e ADDRESS hould be EUGENE A. JAEGER. M.D. VAMC, PERRY POINT, MD 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a BURIAL, CREMATION, REMOVAL West Chester Cremation Cratin & Ferris 250 DATE REC'D. BY REGISTRAP 256 MEGISTRAR'S AGAINST DHMH - 15 50M 4/83 (VRA 15, 4) Patterson & Son, Perryville.

February 12, 10c. DELL CHICAGO NO CONTRACTOR OF THE CONTRACTOR OF Party Palati, to 1997 - Delet Carber CEREURO VASCULAS ACCIDENT ACTERIOSCLEROSIS C NEMORNACIE February 12 51 Februa of ventral COMPANY ASSESSMENT OF SMERTER 180 11. HERZ LINES OF WARE LABOR TO BEEN AND THE PERSON OF THE PER

STATE OF MARYLAND

	1 -	FOR STATE REGISTRAR	DEPART		ICATE OF DEATH	REG. NO	i		
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	3. SEX	M	4. RACE	S. DATE C	28 18	6 AGE (IN YEARS LAST BIRT		MUNDER I YEAR	IF UNDER 24 HRS
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		E/KTON	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE	T ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION			F BUSINESS O
)	13a. S	MAD CEC			13d. INSIDE CITY LIMITS? YES NO [130. STREET ADDRESS	211	2191	5
j		HOWARD	MIDDLE MACGO	AL	15. MOTHER'S MAIDEN NA	MIDDLE	G	1BSO	×
			MED FORCES? 166 SOCIAL SEC E WAR OR DATES) 2/5-/8	URITY NO.	6 FRAN	ADDRE	BUR	SAPER PUCT	THE MI
	>	Conditions, if ony, which gave rise to immediate cause [a], stating the underlying couse lost	DUE TO, OR AS CONSEOL	JENCE OF	Falmo -	C-C-P-1	C C		MATE INTERVAL
1	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH		,	200 AUTOPSY?	20b. IF YES,	, WERE FINDIN YING CAUSES	IGS USED
-	MEDICAL CER	21g. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA (HE ETHER NOTH'S MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	TH HOUR A.M. MONTH	PAY YEAR 19	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR		COUNTY	STATE
			f) view the body after death.	,	nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS	death occurred on the do	·F	,	
	23a. B	URIAL CREMATION, REMOVAL	23b DATE / 23c	NAME OF C	EMETERY OR CREMATORY	123d LOCATION	-	11 82	. 1

DHMH - 16 50M 4/82

(VRA 15, 4)

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STATE OF MARYLAND

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	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENEO 4 / 2 REG. NO.	0
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Page 4 may	3. SE	Dplale	White	5. DATE OF BIRTH 2 - 9 - 1900		WUNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
deoth. P.	10. B	Elawara	CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	- (Of 1)	County MD.
rs ofter	10 0	epton /	1. NAME OF HOSPITAL, NURSI	Hospital	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF MORKING	12b. KIND OF BUSINESS OR INDIVISION Make
in 24 hou y fill all house of the second of	13a	Doware Vil	THER INSTITUTION, GIVE RESIDENCE BEFOR	VN IJA INS DE CITY LIMITS	Hug /re	Rd France
ompletel	1	ATHER'S NAME FIRST MO MI	Record	15 MOTHER'S MAIDEN	ADDRESS ADDRESS	LAST
be exection and of the section a			ed Forces? 166 SOCIAL SEC WAR OR DATES) 325-14	6454 Mabel	Thomas-Tor	execut, Del
y, 201 W. PRESTON ST., BA res that the death certificati gned by the attending physis in please remove carbanpope burial, cremotian, or removal iy, or other traumatic event, it		18 CAUSE OF DEATH LEnter any PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if any, which gave rise to immediate couse (o), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE (c)	Lesquetry factor	CACLLY CLASSICIAN CONTINUES CONTINUE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
L RECORDS to be low requiple to be permit. The permit. The permit. The permit to be permit and permit to be permit.	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	HOPERATION WAS PERFORMED	IN CER	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\bigcap \) NO \(\bigcap \)
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OR ATTENDING OR ATTENDING or hospital or oth DIRECTOR, After ached for use as th Dept. of Health at		22a. I certify that (1) (this haspita saw the deceosed alive an above, (1) (we) (did) (fid not) 22b. SIGNATURE	view the body ofter death.	DEGREE	an death accurred an the date ond h	22c. DATE SIGNED
TO HOSPITAL of the stored by the should be deto with the Store E IMPORTANT.		127d. PHYSICIAN'S NAME (TYPE OR)	FRINTS LEWIS	ATTENDING PHYSICIAN 220 ADDRESS MD 12 Plent	MEDICAL STAFF DIRECTOR PHYSICIAN	2/25/07
BP AAA		SURIAL PREMATION, REMOVAL	236. DATE 23. PS4 23.	NAME OF CEMETERY OR CREMATOR	PATE REC'D. BY REGISTRAR 256 REGI	PONICO DO
DHMH - 16 50M 4/82	and	trathet Oli	12/11/10/1- 10/15	1851- 10	- 100 A 8 A K : A	Daniel 100

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ELKTON, MD. 21921

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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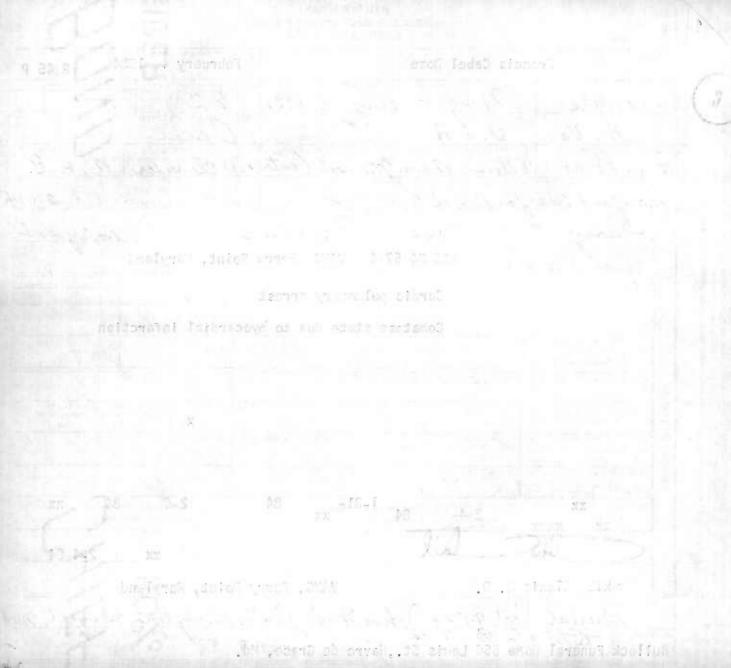
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ectur.		Female	E	Black		MONTH 8		1919	64 yrs	YRS.	ONTHS DAYS	HOURS MIN.
Table Park	1	IRTHPLACE (STATE OR FO COUNTRY) Maryland	DREIGN 76. C	USA	WHAT COUNTRY?	MARRIE	NEVER /		9 BALTIMORE CITY	OR COUNTY	OF DEATH	
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mpletely ond 2 sh	14. F	ATHER'S NAME FIRST Arthur	MIDDLI	E	Brooks	(D)		S MAIDEN NAM Mary	AE MIDDLE		Bi	rooks
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quires that the death c signed by the ottendir hen please remove cork to buriol, cremotion, or njury, or other troumotic	NO	Conditions, if ony, gove rise to imm couse (o), stating underlying couse	which ediote the lost.	(b) DUE TO, OI	R AS A CONSEOU ASC V R AS A CONSEOU DITRIBUTING TO	P H ENCE OF	YP PL TE		NAL DISEASE OR CC	DNDITION GIVE	N IN PART 110	
n. no bermit. The prior	CERTIFICATION	190 DATE OF OPERAT	ION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	PRMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDIN	GS USED OF DEATH?
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the the ond	MED	216. INJURY OCCURR WHILE NOT WHI AT WORK AT WOR		PLACE (AT HOME STR	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC)	21f LOCATIO	ON	CITY OR	TOWN	COUNTY	STATE
OR: OR: FHe		sow the decease obove, (1) (we)	d olive on		12/1910	83_, or		(our) opinion o	, ta leath accurred an the	date and hour	ond from the c	hot (we) los auses stated
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BP		BURIAL, CREMATION, F (SPEC#Y) urial		b. DATE /11/84			s Churc	ch Ceme	23d. LOCATION CITY OR LOWN CHY Cety	ar Hill	COUNTY	MD.
DHMH - 16 50M 4/82 (VRA 15, 4)	24. 6	CHERAL DIRECTOR). (on	40	20 Ipportss	1 GR	ay Av	EBZ	1 1984 g	RESE REGISTR	AR'S SYNAM	1962

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184 2 1 184 Sept Contact Person

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) Francis Cabel Rose February 4, 1984 8:45 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR # UNDER 24 HRS 4. RACE 3. SEX a BIRTHPLACE BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED COUNTRY) WIDOWED DIVORCED 126. KIND OF BUSINESS USUAL RESIDENCE IN 13e.STREET ADDRESS / ZIP COD 13d. INSIDE CITY LIMITS? hurc 15. MOTHER'S MAIDEN NAME ARMED FORCES? 17. INFORMANT (# YES, GIVE WAR OR DATES) 236 24 5704 VAMC, Perry Point, Maryland WII CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY Cardio pulmonary arrest IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Comatose state due to myocardial infarction Conditions, if ony, which cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, 19a. DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? CERTIFI NO YES NO F 21m. ACCIDENT WAS UNDERLYING 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 22a. I certify that This haspital) attended the deceased from_ 84 and that in (XX (our) apinion death occurred on the date and haur and from the causes stated saw the deceased alive an DECEMBER (bib) (sw) (X swode 774 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL 2-4-84 PHYSICIAN DIRECTOR PHYSICIAN X MATGREAN 22e ADDRESS 224 PHYSICIAN'S NAME (TYPE OF PRINT) ABRIL, Alexis M. D. Perry Point, Maryland 230. BURIAL, CREMATION, REMOVAL 23 NAME OF CEMETERY OR CREMATORY DHMH - 16 50M 4/83 Home 556 Lewis St., Havre de Grace Md Bullock Funeral (VRA 15, 4)



6	FOR - STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG	HENR 4 / 2 4	
	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	1. DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
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1 2 1	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
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2 43 6	70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
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1 11 82/	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIE	126. KIND OF BUSINESS OR INDUSTRY
to of the state of	Elkton	Laurelwood		Cab Co. Owner	
الم و يا و	USUAL RESIDENCE (IF NURSING HOME 130. STATE 136. COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR		13e. STREET ADDRESS	2011/11
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ithin ithin	14 FATHER'S NAME	MIDDLE AST	15. MOTHER'S MAIDEN NA	ME	
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(VRA 15, 4)	Josephilli Frate	Bel Air ma	mylmod 21014 MAR	01 1984 Aulia Da	vidson-Mandelle

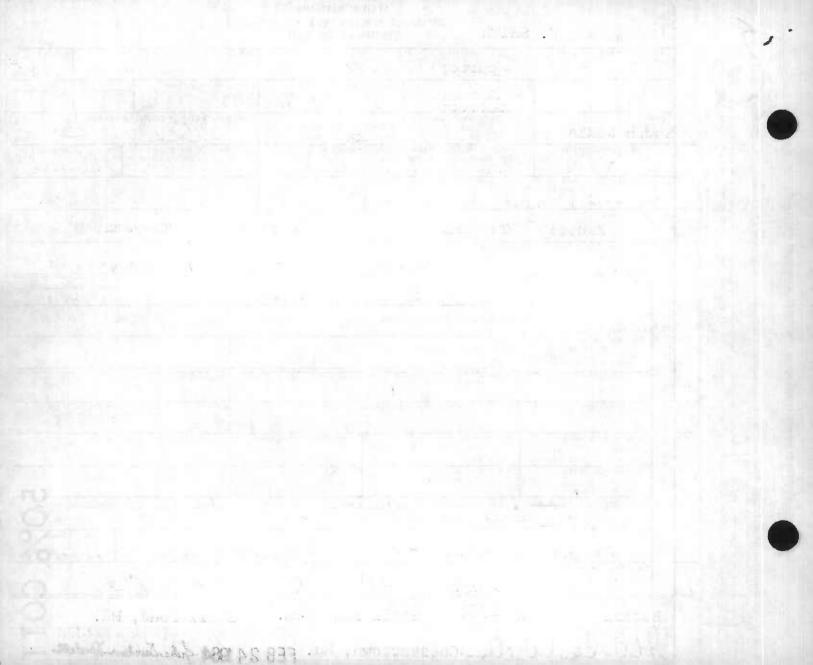
STATE OF MARYLAND

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6	1-	FOR STATE REGISTRAR Amy F.	SMITH	ARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH		28	
		CEASED NAME FIRST OR PRINT)	ZXXXXXX (+h		2/19/84	26. HOUR A
	3. SE	female	Korean	O S. DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIRT	YRS.	
in 72 have		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUN	TRY? 8. MARRIE WIDOWE	NEVER MARRIED	9. BALTIMORE CITY OF	ci/	Co MD.
by the fulled with	10. CI	EXTOR	(IF NOT IN SUCH FACILITY, GIVES Union Hosp		1 0 1	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTR	of Business OR
y filled in	130. 5	maryland 136, FOL	OR OTHER INSTITUTION, GIVE RESIDENCE UNTY 13c. CITY OR Kent reval	BEFORE ADMISSION) TOWN Rennedyni	13d. INSIDE CITY LIMITS? & YES NO H	13e. STREET ADDRESS R+213	21	1645
and 2 s	7	THER'S NAME Zantei	MIDDLE Tsuyama LAST		FIRST Oma	tsu MIDDLE	Isuyama	LAST
Poges 1	16a. V	VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	GIVE WAR OR DATES)	SECURITY NO.	17. INFORMANT SON Chi	c Tsuburd	washington	
l by the attending physic sase remove carban pape 31, cremation, or removal r ather traumatic event, it			only one cause per line for (a), (b) SED BY: ATE CAUSE (b) DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c)	SEOUENCE OF	ef Panerea	Ş.	to the second se	OXMATE INTERVAL N ONSET AND DEATH
ss been signed ermit. Then ple e prior to burio rs any injury, ar	CERTIFICATION	PART 2. OTHER SIGNIFICANT	T CONDITIONS <u>CONTRIBUTING</u>			200 AUTÖPSY?	206. IF YES, WERE FING	DINGS USED SES OF DEATH?
burial-transit p Mental Hygier or frem 18 shov	MEDICAL CERTI	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	DEATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR		
After the se as the saith and morked	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OF	rom Jan	2-1 19 8 4	city or to	9 19.84	state , that (I) (we) lost
(AL DIRECTOR, detoched for us ate Dept. of He II. If them 21 is		226. SIGNATURE Wollace	on Teh 19 not, view the body after death. Obenshain.	n.p.		MEDICAL STAF	22t. DA	TE SIGNED
retained by the TO FUNERAL should be det with the State IMPORTANT:		228. PHYSICIAN'S NAME (TYPE	Obensh41		220. ADDRESS	cilton.	Md.	
		BURIAL, CREMATION, REMOVA SULTIAL	21/21/84	Still	Pond Cem.	Still F	ond, Md.	STATE
BP B	F	BURIAL, CREMATION, REMOVA	2/21/84	23c. NAME OF C	25a. D.	234 LOCATION STITI		IATURE



BP_____ DHMH - 16 50M 4/82 (VRA 1S, 4) FOR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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'	- STATE	E STRAR				CERTIF	ICATE OF DEATH		REG. N	ю.	ria.			
	PECEASED		FIRST		MIDDLE	i.	AST	2a. DATE O	FDEATH	MONTH	DAY	YEAR	26 HO	JR
(TPE OR PRINI	"	GERTRU	IDE	E.	SI	PRY	FEBR	UARY	2, 1	1984			a . M
3. 3	SEX			4 RACE		5. DATE C		6. AGE IN	YEARS LAST BIR	THDAY)	IF UNDER	DAYS	IF UNDER	MIN.
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7a.		ACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY	Y? 8.	D NEVER MARRIED	9 BALTIMO	RE CITY C	R COUN	TY OF DE	ATH		
	COUNTRY	laware		USA		WIDOWE			cil					MD.
10.	CITY OR	TOWN OF DEA	ATH	11. NAME OF	HOSPITAL, NURS	ING HOME C	OR OTHER INSTITUTION	12a USUAL		OF WORKING		KIND O USTRY	F BUSIN	
130	Mary		13b. COUN	ITY	GIVE RESIDENCE BEFO 13c. CITY OR TO Elkton	ORE ADMISSION)	13d. INSIDE CITY LIMITS? YES NO 🔀	13e. STREET 431	ADDRESS Apple	ton R	Road	2	192	1
14.	FATHER'S	S NAME FIRST AMES		T. Edma	nson		15. MOTHER'S MAIDEN N. FIRST Emily	AME	MIDDLE		W	1AS 0118	sto	n
160		OR UNKNOWN)		MED FORCES? E WAR OR DATES)	16b. SOCIAL SE	CURITY NO.	Mr. James E	. Sprv	ADDR		Md.	2192	21	
	Tuca	LISE OF DEAT	H /Enter on	ly and cause ner	line for (a), (b),	and (CL)		V P-1					MATE INTE	RVAL
	gove	erlying couse	, which mediate age the lost	DUE TO, O Hype DUE TO, O	R AS A CONSEC rtensi R AS A CONSEO	DUENCE OF CALL	dial infaro	ar dis			ver		nin /rs	
CEPTIFICATION		2 OTHER SIG					NOT RELATED TO THE TER	MINAL DISEA:		20b. IF Y	YES, WERE	FINDI	NGS USE	D
181								YES 🗆	NOTO		TIFYING O	AUSES	OF DEA	
		CCIDENT WAS UN	CAUSE OF DEA	HOUR A	OF INJURY M. MONTH M.	DAY YEAR	21c. HOW INJURY OCCU				8 PART I OR	PART 2)		
MEDICAL	21d 1h	NJURY OCCUR	RED	21e PLACE	OF INJURY REET, FACTORY OFFIC	E. FARM ETC)	21f. LOCATION STREET		CITY OR TO	OWN	cou	YTM		STATE
				Feb 1	deceosed from	0.4	30 , 19.78 and that in (my) (and opinion	to Fe		lote and h			that (1) causes st	
	21918	IGNATURY (John	Amer	2. M.	P	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STA	FF CIAN [22	/ 2 /	SIGNED	
			alph	Andre	ws, M.I			n St.		kton	, Md	. 2	.192	v
23	(SPECIFY)	, CREMATION, rial	REMOVAL	23b. DATE 2-5-8			Manor Memori	CIT	Y OR TOWN	kton,	Md.	219		STATE
	FUNERA HICK	DECTOR	for f	Wieks UNERALS	ADDRESS ELKTON	N, MD.	1-1-1	BO 9 19	REGISTRA	- hu	STRAK'S	SAL	URE	

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